

## Berlin Parks and Recreation Department 230 Kensington Road, Berlin, CT 06037 Office 860-828-7009

## PROGRAM REGISTRATION FORM

## Primary Household Contact Information

				Last Name					
Address				:./Box #	Town_		State:	Zip	
Home # ()		Cell # <u></u>	( )		v	Vork (	)		
Email Address									
Emergency Contact	Emergency Contact						Phone # (		
Health Concerns/ allergies, bee stings, sei age and younger upon a advanced practice regis can be done with reaso Department. Please list	zures etc.) Depart a written request a tered nurse and if nable control and s here:	ment staff and co ccompanied by a they are properly safety. Forms to	ontractual st a parent's wr y trained. Th be complete	aff will only ad ritten authoriza ne Department ed for authoriz	Iminister med ation and a w will accomm ation are ava	dications, incl ritten order c nodate as mar ilable at the E	uding epi- pen fo of a physician, ph ny requests as po	or children 16 years of hysician assistant or possible to the extent it	
First & Last Name	<i>a for more τ</i> Grade	more than one person in the same ho ade Program #			Program Name				
	Release A	greement	Please .	Read Car	refully d	ınd Sign	Below		
HIS IS AN AGREEMENT FOR REI HOULD READ IT CAREFULLY. In Program")  wither or both herein referred to imployees, agents and administraticipant has or shall have, aris ware that there are risks and da rictly voluntary and at Participa eatment in case of sickness, acceirs and legal representatives to fany loss of property, liability for rising out of Participant's involve ublicity purposes. Please be aw ulletin board, located in the Partown of Berlin staff and has volund	as the "Releaser"), o as the "Releaser"), o ators from all loss of ing out of or related t inger of personal injur nt's sole risk. Release ident, or injury and to indemnify, hold harr or injury, claims, cause ement or participatio are That these photo ks and Recreation De	n behalf of Particip property, liability for o participation in try and loss of proper r hereby gives consort secure such medianless and defend the es of action, agreen in the Program. Is are for Parks and partment office. IN	e Town of Ber pant, and Part or injury, clain he Program al erty from part sent and perm ical attention he Town of Be ments, loss, da The Parks and Recreation us	lin Parks and Re  (ticipant's heirs and use of the equicipation in the Foission to the Total Participant's earlin, its officers, amages, judgme I Recreation Depse only and may	the "Participar and legal repression, agreemen uipment and for Program, and Fewn of Berlin to expense. Relea employees, agnts, costs, experiment reservabe used in fut.	am (the	and/or by my Par- by releases the To- amages, judgment own of Berlin and vledges that partic icipant's behalf em- tes on behalf of Panistrators from and eys fees whatsoev photograph progra lyers, website and	ent or Legal Guardian wn of Berlin, its officers, s whatsoever, which the its vendors. Releaser is ipation in the Program is nergency medical rticipant, Participant's d against and in respect yer in connection with or am participants for /or on the Department	
IGNATURE				DATE					

Parent/Legal Guardian if under 18 years old, Participant